

BEST AVAIL. -- COPY

CLAIMS ONLY						Application Number 10/060606	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1							
2		1					
3							
4							
5		1					
6							
7							
8							
9							
10							
11							
12							
13							
14							
15		1					
16							
17		1					
18							
19		1					
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21		1					
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24		1					
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26		1					
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44							
45							
46							
47							
48							
49							
50							
Total Indep	2						
Total Depend	16						
Total Claims	18						